

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90011156</div>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., NW				
(c) City, State and ZIP Code Washington DC 20006				
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Individual filers only <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Name of Employer</td> <td style="border: none; width: 40%;">Occupation</td> </tr> </table>			Name of Employer	Occupation
Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M
0 9

 /

D D
1 8

 /

Y Y Y Y
2 0 1 0

THROUGH

M M
0 9

 /

D D
1 9

 /

Y Y Y Y
2 0 1 0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

430.96

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Jeff Prior

09/21/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Jeremy Al-Haj

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

☐

President

District: 07

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Disbursement For:

☐

Primary

☒

General

2010
☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

2447.42

Full Name (Last, First, Middle Initial) of Payee

Jeremy Al-Haj

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

☐

President

District: 07

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Disbursement For:

☐

Primary

☒

General

2010
☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

2472.42

Full Name (Last, First, Middle Initial) of Payee

Dollar Rental

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	0

Mailing Address

100 N. Fifth Street

Amount

77.50

City

Detroit

State

MI

Zip Code

48242

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

☐

President

District: 07

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Disbursement For:

☐

Primary

☒

General

2010
☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

930.00

(a) SUBTOTAL of Itemized Independent Expenditures

127.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Dollar Rental

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 1 0Mailing Address
100 N. Fifth Street

Amount

City State Zip Code
Detroit MI 48242

77.50

Purpose of Expenditure
Car rentalCategory/
TypeOffice Sought: ☒ House State: MI
House ☐ Senate District: 07
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1007.50Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Extended Stay America

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0Mailing Address
1501 Briarwood Cir

Amount

City State Zip Code
Ann Arbor MI 48108

43.99

Purpose of Expenditure
LodgingCategory/
TypeOffice Sought: ☒ House State: MI
House ☐ Senate District: 07
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1407.68Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Extended Stay America

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0Mailing Address
1501 Briarwood Cir

Amount

City State Zip Code
Ann Arbor MI 48108

43.99

Purpose of Expenditure
LodgingCategory/
TypeOffice Sought: ☒ House State: MI
House ☐ Senate District: 07
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1451.67Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

165.48

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay America

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 1 0

Mailing Address

1501 Briarwood Cir

Amount

43.99

City

Ann Arbor

State

MI

Zip Code

48108

Purpose of Expenditure

Lodging

Category/
Type

Office Sought:

☒ House

State: MI

House

☐ Senate

District: 07

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election
for Office Sought

1495.66

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Extended Stay America

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 1 0

Mailing Address

1501 Briarwood Cir

Amount

43.99

City

Ann Arbor

State

MI

Zip Code

48108

Purpose of Expenditure

Lodging

Category/
Type

Office Sought:

☒ House

State: MI

House

☐ Senate

District: 07

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election
for Office Sought

1539.65

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Kevin Litten

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☒ House

State: MI

House

☐ Senate

District: 07

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election
for Office Sought

1834.58

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

112.98

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kevin Litten

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	0

Mailing Address
1501 Briarwood Cir. Dr.

Amount

25.00

City
Ann ArborState
MIZip Code
48104Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

☐

President

District: 07

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election
for Office Sought

1859.58

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

25.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

430.96